

REMARKS/ARGUMENTS

Reconsideration of the application is requested.

Claims 1-8 remain in the application. Claims 1-8 have been amended.

In the section entitled "Claim Rejections - 35 USC § 102" on pages 2-3 of the above-mentioned Office action, claims 1-8 have been rejected as being anticipated by Hood et al. (US Pat. No. 5,975,081) under 35 U.S.C. § 102(b).

As will be explained below, it is believed that the claims were patentable over the cited art in their original form and the claims have, therefore, not been amended to overcome the references. However, the language of the claims has been modified in an effort to even more clearly define the invention of the instant application.

Before discussing the prior art in detail, it is believed that a brief review of the invention as claimed, would be helpful.

Claim 1 calls for:

A climate-controlled wellness apparatus, comprising:
a living unit for receiving a person;

a control device for controlling climatic and ambient conditions in said living unit;

biosensors disposed to detect body parameters of a body of the person located in said living unit and connected to said control device;

the climatic and ambient conditions in said living unit being regulated by said control device directly based on the body parameters detected by said biosensors.

In contrast to Hood et al., the invention of the instant application defines an accommodation room in the sense of an isolation room, in which "non-transportable unit or room" a person may stay for a continuous/steady period of time. The terms "isolating room", "isolation room", "unit of sojourn," or "living unit" may also be used. The Examiner's advise regarding an appropriate term is appreciated.

As clearly described throughout the specification of the instant application, the subject matter of the invention of the instant application falls under an entirely different technical field/category than the device suggested in Hood et al. The device according to Hood et al. relates to a transportable life support system for transporting, resuscitating, and stabilizing patients who suffer from life-threatening conditions.

A stretcher 20 is accommodated in a housing including a lower housing section 22 and an upper housing section 26, i.e. a

hood. The lower housing section 22 accommodates medical devices used for observing the patient 12 on the stretcher 20 and providing an instant supply of first-aid. The medical devices may observe the patients' blood pressure, the heart rate, EKG, etc. The medical devices detect, change/modify and stabilize the patients' vital, medical life conditions. A control circuitry 46 records information sent by the observation devices and it controls the first-aid supply devices in answer to the received information. An automatic modus of operation of the first-aid system may also be possible, wherein the performance of this automatic modus is carried out with the aid of the control circuitry 46. Alternatively, the system may be controlled under manual operation, wherein a touch screen and remote control 18 is provided.

As outlined in detail throughout the description of Hood et. al., in particular in relation to the field of the subject matter and the background (prior art), the basic concept of this cited prior art device is the mobility and the transport of a patient (see, for example, column 1, line 65 to column 2, line 67). Thus, the device has to meet technical requirements in order to be moveable and to be able to be carried by an aid/relief personnel. The size of the device has to be arranged such that it can be put into an ambulance vehicle or

a rescue helicopter. In connection with this, the medical treatment devices are to be adjusted in size and weight in order to be accommodated in the lower housing section 22. Keeping the size, the weight of the medical equipment and the small space available in the housing in mind, it is not possible to accommodate all the suggested medical life treatment facilities together with the devices needed for their operation (batteries, generators, compressors) in order to be still transportable.

Moreover, the system according to Hood et al. is directed to patients suffering from heart attacks, strokes, etc. or accident victims and battlefield casualties. This involves the need for specific, highly-qualified medical aid, wherein a doctor or well-trained medical assistant is indispensable, since the life of the patient is at risk, even though the system may be run in an automatic modus.

Moreover, the time factor is also important since a first-aid stretcher with a hood according to Hood et al. is focused on patients who are transported from the location of an accident to a hospital nearby. This means that the life-support system is dedicated to patients who only spend a short period of time within the housing on the stretcher. It is not configured for a sustained, durable period of time as is the subject matter

of the invention of the instant application.

All these issues, namely the mobility, the supply of first-aid, the importance of the presence of a doctor, and the issue of the temporary stay of a patient in the device according to Hood et al., involve technical features and facts which are far removed from the invention of the instant application.

Only a hindsight interpretation of the life support system of Hood et al., keeping in mind the invention of the instant application, can lead to the Examiner's rejection. The disclosure of Hood et al. does not result in a wellness apparatus (an accommodation room, isolating room, etc.) according to the invention of the instant application. No indications can be found in Hood et al. in which a person's wellness is the priority.

In contrast, the invention of the instant application defines a wellness apparatus, which may be installed in a private house, a hotel, or the like. The invention of the instant application enables the stimulation of the personal physiological conditions of a person, i.e. to enhance the "feel-well"/wellness of the person. In this room the person can enjoy wellness ambient conditions wherein these ambient conditions are automatically adapted to the personal needs and wishes of the body. They are performed in response to the

received data detected by the biosensors. As can be clearly seen from Fig. 1 of the instant application (see also page 12, line 1 to 3), the "living room" may be equipped with exercise devices, sofas and the like. The person may lie, move, do exercise, etc. over a long period of time. It can be imagined that a hotel room would be equipped with such a wellness apparatus or accommodation room according to the invention of the instant application. Thus, the room may be very spacious so as to accommodate all these wellness facilities.

Clearly, Hood et al. does not show a wellness apparatus as recited in claim 1 of the instant application.

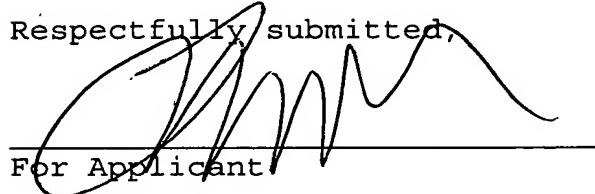
Claim 1 is, therefore, believed to be patentable over Hood et al. and since all of the dependent claims are ultimately dependent on claim 1, they are believed to be patentable as well.

In view of the foregoing, reconsideration and allowance of claims 1-8 are solicited.

In the event the Examiner should still find any of the claims to be unpatentable, counsel would appreciate a telephone call so that, if possible, patentable language can be worked out.

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If an extension of time for this paper is required, petition for extension is herewith made. Please charge any fees which might be due with respect to 37 CFR Sections 1.16 and 1.17 to the Deposit Account of Lerner and Greenberg, P.A., No. 12-1099.

Respectfully submitted,

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